



City of Las Vegas
Parks, Recreation & Neighborhood Services
FINANCIAL ASSISTANCE REQUEST

Staff Use Only

Annual Income	
CLV, HD, NLV, etc.	
Type of Assistance	
Percentage	

Site: _____ Program: _____ Duration of Request: _____

Head of Household Name: _____ Phone: _____

Address: _____ Cell Ph: _____

City: _____ State: _____ Zip: _____ Work Ph: _____

(Must be city of Las Vegas Resident)

Email Address: _____ Date Submitted: _____

Indicate Marital Status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Foster/Group Home ☐ Domestic Partner ☐

Print names and requested information for everyone in the household including income. Include the person requesting assistance. Please note-failure to attend a program paid with financial assistance may result in suspension from receiving future financial aid.

First Name	Last Name	Date of Birth	Age	Gender	Assistance Needed: Yes or No	Monthly Income Per Person (*see below)	Race Code (see below)	Ethnicity Code* (see below)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Race and Ethnicity Codes:

* Place an "H" in the ethnicity box if you are of Hispanic origin

White - W	Native Hawaiian/Other Pac. Islander - NHOPI	Black/African American - BAA	Black & White - BAA
Asian - A	American Indian/Alaskan Native & White - AIANW	American Indian/Alaskan - AIA	Other Multi Racial - OMR
Asian & White - AW	American Indian/Alaskan Native & Black - AIANB	Asian/Pacific Islander - API	* <i>Hispanic</i> – H

Answer the following questions. For each "yes", provide documentation.

Does any member of your household:

1. Live in Public Housing or receive Section 8 rental assistance? _____ ☐ Yes ☐ No
2. Work full-time, part-time, or seasonally? _____ ☐ Yes ☐ No
3. Expect to work for any period during the next year? _____ ☐ Yes ☐ No
4. Receive cash for work? _____ ☐ Yes ☐ No
5. Receives or expect to receive unemployment benefits? _____ ☐ Yes ☐ No
6. Receives or expect to receive child support? _____ ☐ Yes ☐ No
7. Receives or expect to receive alimony? _____ ☐ Yes ☐ No
8. Receives or expect to receive public assistance (welfare)? _____ ☐ Yes ☐ No
9. Receives or expect to receive Social Security or other retirement benefits? _____ ☐ Yes ☐ No
10. Could or would you pay to attend this program if financial aid was depleted? _____ ☐ Yes ☐ No

Copies of the following items are required.

- Photo ID for head of household (every household must provide proof of CLV residency – no exceptions).
- Dependant birth certificates (copies)
- Monthly income statement for each member of the household (paycheck stubs, income tax statement, etc.). Two paycheck stubs if paid bi-weekly; four paycheck stubs if paid weekly.
 - A letter from a Public Housing Authority or copy of a current Section 8 Lease will suffice if it states income.
- Other income documentation (child support, alimony, welfare, etc.).

FINANCIAL ASSISTANCE REQUEST (continued)

Programs Eligible for Assistance

- | | |
|--|---|
| <input type="checkbox"/> Before/After-School Programs (Teen Scene & Safekey) | <input type="checkbox"/> Educational Tutoring |
| <input type="checkbox"/> GED Programs | <input type="checkbox"/> Preschool Programs |
| <input type="checkbox"/> Rec. Leagues (individual registration) | <input type="checkbox"/> Seasonal Camps |
| <input type="checkbox"/> Learn to Swim Classes | <input type="checkbox"/> Rec. Classes (beginning & intermediate only) |

Application and all supporting documents must be submitted two weeks prior to start of program. The program under which you are receiving assistance utilizes City of Las Vegas and federal funds. In accordance with the federal regulations governing the use of these funds, please supply the requested information. This information is confidential and only for use by the public agencies providing funding. Incomplete packets will not be accepted.

APPLICANT CERTIFICATION

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by law. I/We also understand that false statements or information are grounds for termination of assistance. *I consent to verification of this information by the service provider, the City of Las Vegas, or other governmental officials as required.* In the event your income changes due to marriage, divorce, births, deaths, promotions, termination etc. you must provide documentation to that effect and updated income statements in ten (10) business days for financial aid recertification.

Signature of Head of Household

Date

Signature of Spouse (If applicable)

Date

STAFF USE ONLY

Forms Submitted

Photo ID _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependant Birth Certificates (copies) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Verification _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paycheck Stubs _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Assistance Documentation _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Income Documentation _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
City of Las Vegas Resident _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Verified Annual Income

Verified Income: ☐ Yes ☐ No

☐ Approved Percentage Rate: _____ %

Type of assistance: ☐ CDBG ☐ FAF

☐ Denied

Reason for Denial: _____

Staff Submitting Request: _____

Date: _____

Processor's Signature: _____

Date: _____

B&A Representative Signature: _____

Date: _____

Contacted	Date	Message	Staff Name